

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D AUG 11 1939

Registration District No. 291

Primary Registration District No. \_\_\_\_\_

Registrar's No. 6114

**1. PLACE OF DEATH:** 1003  
 (a) County \_\_\_\_\_  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
4520 Beacon Ave. 2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days \_\_\_\_\_

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis 7  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4520 Beacon Ave.  
 (If rural, give location) \_\_\_\_\_  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Lawrence Vossel 2443  
 3. (b) If veteran, name war None 3. (c) Social Security No. None

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month July day 8th  
 year 1939 hour 7:00PM. minute \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Theresa Vossel nee Ries 6. (c) Age of husband or wife if alive 73 years  
 7. Birth date of deceased Jan. 6, 1866  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 5 1939  
 that I last saw him alive on July 21 1939  
 and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 6 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Carcinoma of Lung (Primary) Duration 7  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

9. Birthplace St. Louis, Mo 0  
 (City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: HA  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

10. Usual occupation Laborer 6  
 11. Industry or business \_\_\_\_\_  
**MOTHER FATHER**  
 { 12. Name Casper Vossel 7  
 13. Birthplace Germany  
 (City, town, or county) (State or foreign country)  
 { 14. Maiden name Anna Widel  
 15. Birthplace France  
 (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
 (Specify type of place) 1  
 While at work (e) Means of injury \_\_\_\_\_

16. (a) Informant's own signature Theresa Vossel  
 (b) Address 4520 Beacon Ave.  
 17. (a) Burial (b) Date thereof July 12-39  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Calvary cemetery  
 18. (a) Signature of funeral director Math Hermann & Son  
 (b) Address 2161 East Fair Ave.  
 19. (a) JUL 11 1939 (b) J. J. [Signature]  
 (Date received local registrar) (Registrar's Signature)

23. Signature George A. Carroll (M. D. certifier)  
 Address 607 N. Grand Date signed 7-10-39

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Samuel Hampton*.....

Licensed Embalmer No. *2967*.....

P. O. Address *2161 E. Fair*.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**